

Case Number:	CM15-0083690		
Date Assigned:	05/05/2015	Date of Injury:	06/30/2014
Decision Date:	06/04/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/01/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54-year-old male, who sustained an industrial injury on 6/30/2014. He reported injury to his back while unloading pallets. Diagnoses have included lumbar spine multi-level disc bulge, lumbar facet hypertrophy, lumbar pain, right and left shoulder impingement syndrome, right and left shoulder rotator cuff tendinitis and right and left knee lateral epicondylitis. Treatment to date has included magnetic resonance imaging (MRI), physical therapy and medication. According to the progress report dated 3/16/2015, the injured worker complained of occasional, moderate to 5/10 stabbing low back pain, stiffness, tingling and weakness radiating to the right leg. He complained of activity-dependent to occasional moderate to 4/10 sharp, stabbing left elbow pain. He complained of occasional mild to 2/10 dull, achy, right knee pain, stiffness and weakness. He complained of activity dependent to occasional mild to 2/10 throbbing left knee pain. He voiced relief of pain from medication. Physical exam revealed decreased lumbar range of motion. Kemp's caused pain and straight leg raise caused pain on the right. Supraspinatus press and shoulder apprehension caused shoulder pain bilaterally. Current medications included Norco, Naproxen and Pantoprazole. Authorization was requested for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management of Opioids Page(s): 16-18, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R.9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.